



AUTHORIZATION/CONSENT

Completing this consent by proxy authorization form, allows Heartfelt Pediatrics LLC providers to treat minor patients (any patient under the age of 18) in the absence of their parent or legal guardian, if the designated adult accompanies the minor patient with this completed form in-hand or on-file. This form must be completed by the parent/legal guardian prior to the services being performed, and designated adult must provide photo identification at the time of service. This form is valid for telehealth and in-person visits and all that is involved in such care, subject to any limitations identified below. One form must be completed for EACH minor patient.

I as the parent/legal guardian of the minor patient:

Minor Patient Name

Date of birth

Hereby authorize (person other than parent/legal guardian):

First & Last Name

Date of birth

Relationship to child

First & Last Name

Date of birth

Relationship to child

As my child's proxy/decision maker to consent to medical care for my children listed below. This proxy also has my permission to pick-up any prescriptions or documentation associated with my child's care. I have the legal right to delegate such consent to the proxy/decision maker. I certify that this designee is an adult who is legally and medically competent to exercise the authority so delegated. I understand that my child's protected health information that is directly relevant to the proxy's involvement with my child's care may be shared with the proxy to facilitate informed decision making and hereby agree to the sharing of the same.

LIMITATIONS

Identify any limitations on the kinds of medical services for which this consent by proxy is given (for example, no clinic medication administration). If no limitations, choose "none."

- None
Limitations (describe):

Identify any limitations on the time frame for which this consent by proxy is given (for example, limit to certain dates when a parent is out of town or expire in 1 year, etc.) If no expiry or limits, choose "none."

- None
Expiration Date:
Limitations (describe):

PARENT/LEGAL GUARDIAN(S) CONTACT INFORMATION

Table with 2 columns: Field, Value. Fields: Full name, Date of birth, Phone number.

Table with 2 columns: Field, Value. Fields: Full name, Date of birth, Phone number.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Today's date

Note: only one parent/legal guardian signature is required.